

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015769

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

104

Primary Registration District No.

3032

Registrar's No.

66

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0515

2 0515

3

4 1

5 3

6

7 0

8 2

9 5705

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

104

Primary Registration District No.

3032

Registrar's No.

66

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Warrensburg

Length of stay in 1b

Life

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Warrensburg Medical
Center, Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Warrensburg

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

301 W. Culton

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Pearle

Middle

Sarada

Last

Howard

4. DATE OF DEATH

Month

May

Day

3

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6/15/99

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10b. KIND OF BUSINESS OR INDUSTRY

Garment Factory

11. BIRTHPLACE (City and state or country)

Johnson Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph N. Brooks

13b. MOTHER'S MAIDEN NAME

Ona Wallace

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Miss Vera L. Brooks, Chilhowee, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Interstitial Nephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to 5-3-62 and last saw her alive on 5-3-62

Death occurred at 9:30

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. Lee Cooper M.D.

(Degree or title)

22b. ADDRESS

Warrensburg, Missouri

22c. DATE SIGNED

5-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

23d. LOCATION (City, town, or county)

Warrensburg, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

May 5, 1962

26. REGISTRAR'S SIGNATURE

Savannah Cuthfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Earl Rust

Licensed Embalmer No. 3878

P. O. Address Winnemucca, NV

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.